



Department of Medical Assistance Services
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MEDICAID PROVIDER MANUAL UPDATE

TO: All *Durable Medical Equipment and Supplies* providers participating in the Virginia Medical Assistance Program, Managed Care Organizations, and holders of the Durable Medical Equipment and Supplies Provider Manual

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services

SUBJECT: Update to Second Edition of the Durable Medical Equipment and Supplies Provider Manual

MEMO: Update

DATE: August 30, 2007

The purpose of this memorandum is to highlight changes the Department of Medical Assistance Services (DMAS) made to several sections of Appendix B in the “Durable Medical Equipment and Supplies Listing” of the Durable Medical Equipment and Supplies Manual. The changes are based on notification from the Centers for Medicare and Medicaid Services (CMS) that several Healthcare Common Procedural Coding System (HCPCS) codes are being added and/or discontinued. The tables below outline the changes made. These updates are effective as of the dates noted under each section in this Medicaid Memo.

The Wheelchairs and Accessories section of the Appendix B contains the most changes. DMAS has added many new wheelchair and accessory codes to the Appendix B, with the expectation that the use of the E1399 code will decrease. Items previously billed under E1399 or a HCPCS code that stated, “Not Otherwise Specified,” will likely have a code that has been added to the Appendix B and providers should choose the most appropriate code.

E1399 should **only** be used if the item provided is descriptively different from the code provided not just for a higher cost reimbursement.

If providers are unsure of the appropriate code to use for a particular item, one resource is the Palmetto GBA site, which is designed to help providers with DME coding. Providers can search by different criteria and also by brand name. The website can be accessed at <http://www3.palmettogba.com/dmecs/do/search>.

Please note: Appendix B of the Durable Medical Equipment (DME) and Supplies Provider Manual has been updated and is now available on the DMAS website (www.dmas.virginia.gov), or you may contact Commonwealth-Martin to receive a copy of the updated Appendix B.

DELETIONS FROM APPENDIX B

Effective January 1, 2007, the following HCPCS codes are no longer utilized and were removed from the Appendix B. Please see the Comment column (in the table below) for further instructions if applicable:

| Code | Short Description | Comment |
|----------|---------------------------|-----------------|
| E0977 | Wedge cushion, wheelchair | End Date 1/1/07 |
| E0977 RR | Wedge cushion, wheelchair | End Date 1/1/07 |
| E0997 | Caster with fork | End Date 1/1/07 |

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|----------|--|-----------------|
| E0997 RR | Caster with fork | End Date 1/1/07 |
| E0998 | Caster without fork | End Date 1/1/07 |
| E0998 RR | Caster without fork | End Date 1/1/07 |
| E0999 | Pneumatic tire with wheel | End Date 1/1/07 |
| E0999 RR | Pneumatic tire with wheel | End Date 1/1/07 |
| E2320 | Hand chin control | End Date 1/1/07 |
| E2320 RR | Hand chin control | End Date 1/1/07 |
| K0093 | Rear wheel, zero pressure tire tube | End Date 1/1/07 |
| K0093 RR | Rear wheel, zero pressure tire tube | End Date 1/1/07 |
| A4632 | Replacement battery for external infusion pump, any type | End Date 1/1/07 |

***Please Note: RR=Rental**

Effective, October 1, 2007, the following HCPCS codes will be removed from the Appendix B. Please see the Comment column for further instructions, if applicable:

| Code | Short Description | Comment |
|----------|---|---|
| K0020 | Fixed, Adjustable height armrest, pair | With the implementation of all the new wheelchair codes, the codes to the left are no longer being used in the Medicaid Appendix B. Codes ending 10/1/07. |
| K0020 RR | Fixed, Adjustable height armrest, pair | |
| K0014 | Other Motorized/Power wheelchair base | |
| K0014 RR | Other Motorized/Power wheelchair base | |
| E1220 | Wheelchair, Specially Sized or Constructed | |
| E1220 RR | Wheelchair, Specially Sized or Constructed | |
| E1230 | Power Operated Vehicle (three or four wheel non-highway) Specify Brand Name | |
| E1230 RR | Power Operated Vehicle (three or four wheel non-highway) Specify Brand Name | |
| E1239 | Power wheelchair , Pediatric Size, Not otherwise specified | |
| E1239 RR | Power wheelchair , Pediatric Size, Not otherwise specified | |
| E0981 RR | Wheelchair accessory, Seat Upholstery, Replacement only | Most codes have been replaced with multiple codes. Please see the wheelchair section to find the appropriate replacement code. |
| E1229 | Wheelchair, Pediatric Size, Not otherwise specified | |
| E1229 RR | Wheelchair, Pediatric Size, Not otherwise specified | End 10/1/07 Codes replaced see Appendix B for most appropriate replacement code. |
| E1399 | Enteral formulae; category I; natural intact protein/protein isolates, administered through an enteral feeding tube | |
| E1399 | Enteral Formulae; Category VI; Standardized Nutrients, administered through an enteral feeding tube. Use applicable HCPCS code above. | |

ADDITIONS TO APPENDIX B

NEW SECTION ADDED TO APPENDIX B

The following section has been added to the Appendix B, effective August 1, 2007. The codes in this section are **only** to be used for Early Periodic Screening Diagnosis and Treatment (EPSDT), which applies to children under the age of 21. Please see the EPSDT section of the DME and Supplies Manual for questions about EPSDT.

| Code | Description | Comment |
|-------|--|------------|
| A8000 | Helmet, protective, soft, prefabricated, includes all components and accessories | EPSDT Only |
| A8001 | Helmet, protective, hard, prefabricated, includes all components and accessories | EPSDT Only |
| A8002 | Helmet, soft, custom fabricated, includes all components and accessories | EPSDT Only |
| A8003 | Helmet, hard, custom fabricated, includes all components and accessories | EPSDT Only |
| A8004 | Soft interface for helmet, replacement only | EPSDT Only |

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The following HCPCS codes have been added to the Appendix B, effective August 1, 2007. Please see the Appendix B for Billing unit(s), PA type, Price or Fee, and Limit(s) for more information about the added HCPCS codes.

| Code | Description | Comment/ Effective 8/1/07 |
|-------------|--|--------------------------------------|
| E2209 | Accessory, Arm Trough, With Or Without Hand Support, Each | Wheelchair Accessory |
| E2209 RR | Accessory, Arm Trough, With Or Without Hand Support, Each | Wheelchair Accessory |
| K0017 | Detachable, Adjustable Height Armrest, Base, Each | Wheelchair Accessory |
| K0017 RR | Detachable, Adjustable Height Armrest, Base, Each | Wheelchair Accessory |
| K0018 | Detachable, Adjustable Height Armrest, Upper Portion, Each | Wheelchair Accessory |
| K0018 RR | Detachable, Adjustable Height Armrest, Upper Portion, Each | Wheelchair Accessory |
| K0019 | Arm Pad, Each | Wheelchair Accessory |
| K0019 RR | Arm Pad, Each | Wheelchair Accessory |
| K0041 | Large Size Footplate, Each | Wheelchair Accessory |
| K0041 RR | Large Size Footplate, Each | Wheelchair Accessory |
| K0042 | Standard Size Footplate, Each | Wheelchair Accessory |
| K0042 RR | Standard Size Footplate, Each | Wheelchair Accessory |
| K0043 | Footrest, Lower Extension Tube, Each | Wheelchair Accessory |
| K0043 RR | Footrest, Lower Extension Tube, Each | Wheelchair Accessory |
| K0044 | Footrest, Upper Hanger Bracket, Each | Wheelchair Accessory |
| K0044 RR | Footrest, Upper Hanger Bracket, Each | Wheelchair Accessory |
| K0045 | Footrest, Complete Assembly | Wheelchair Accessory |
| K0045 RR | Footrest, Complete Assembly | Wheelchair Accessory |
| K0046 | Elevating Legrest, Lower Extension Tube, Each | Wheelchair Accessory |
| K0046 RR | Elevating Legrest, Lower Extension Tube, Each | Wheelchair Accessory |
| K0047 | Elevating Legrest, Upper Hanger Bracket, Each | Wheelchair Accessory |
| K0047 RR | Elevating Legrest, Upper Hanger Bracket, Each | Wheelchair Accessory |
| K0050 | Ratchet Assembly | Wheelchair Accessory |
| K0050 RR | Ratchet Assembly | Wheelchair Accessory |
| K0051 | Cam Release Assembly, Footrest Or Legrest | Wheelchair Accessory |
| K0051 RR | Cam Release Assembly, Footrest Or Legrest, Each | Wheelchair Accessory |
| E2291 | Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |
| E2291 RR | Back, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |
| E2293 | Back, Contoured, For Pediatric Size Wheelchair Incl. Fixed Attaching Hardware | Wheelchair Accessory |
| E2293 RR | Back, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |
| E2611 | General Use Wheelchair Back Cushion, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2612 | General Use Wheelchair Back Cushion, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2613 | Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2614 | Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2615 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2616 | Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2617 | Custom Fabricated Wheelchair Back Cushion, Any Size, Including Any Type Mounting Hardware | Wheelchair Accessory |

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| E2620 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2621 | Positioning Wheelchair Back Cushion, Planar Back With Lateral Supports, Width 22 Inches Or Greater, Any Height, Including Any Type Mounting Hardware | Wheelchair Accessory |
| E2601 | General Use Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Wheelchair Accessory |
| E2602 | General Use Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Wheelchair Accessory |
| E2603 | Skin Protection Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Wheelchair Accessory |
| E2604 | Skin Protection Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Wheelchair Accessory |
| E2605 | Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Wheelchair Accessory |
| E2606 | Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Wheelchair Accessory |
| E2607 | Skin Protection And Positioning Wheelchair Seat Cushion, Width Less Than 22 Inches, Any Depth | Wheelchair Accessory |
| E2608 | Skin Protection And Positioning Wheelchair Seat Cushion, Width 22 Inches Or Greater, Any Depth | Wheelchair Accessory |
| E2609 | Custom Fabricated Wheelchair Seat Cushion, Any Size | Wheelchair Accessory |
| E2610 | Wheelchair Seat Cushion, Powered | Wheelchair Accessory |
| E2618 | Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), For Use With Manual Wheelchair Or Lightweight Power Wheelchair, Includes Any Type Mounting Hardware | Wheelchair Accessory |
| E2619 | Replacement Cover For Wheelchair Seat Cushion Or Back Cushion, Each | Wheelchair Accessory |
| K0734 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth | Wheelchair Accessory |
| K0735 | Skin Protection Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth | Wheelchair Accessory |
| K0736 | Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width Less Than 22 Inches, Any Depth | Wheelchair Accessory |
| K0737 | Skin Protection And Positioning Wheelchair Seat Cushion, Adjustable, Width 22 Inches Or Greater, Any Depth | Wheelchair Accessory |
| E2201 | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches | Wheelchair Accessory |
| E2201 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame, Width Greater Than Or Equal To 20 Inches And Less Than 24 Inches | Wheelchair Accessory |
| E2202 | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Wheelchair Accessory |
| E2202 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Wheelchair Accessory |
| E2203 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches | Wheelchair Accessory |
| E2203 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches | Wheelchair Accessory |
| E2204 | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches | Wheelchair Accessory |
| E2204 RR | Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches | Wheelchair Accessory |
| E2292 | Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |

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| E2292 RR | Seat, Planar, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |
| E2294 | Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |
| E2294 RR | Seat, Contoured, For Pediatric Size Wheelchair Including Fixed Attaching Hardware | Wheelchair Accessory |
| E2340 | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches | Wheelchair Accessory |
| E2340 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 20-23 Inches | Wheelchair Accessory |
| E2341 | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Wheelchair Accessory |
| E2341 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches | Wheelchair Accessory |
| E2342 | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches | Wheelchair Accessory |
| E2342 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 Or 21 Inches | Wheelchair Accessory |
| E2343 | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches | Wheelchair Accessory |
| E2343 RR | Power Wheelchair Accessory, Nonstandard Seat Frame Depth, 22-25 Inches | Wheelchair Accessory |
| K0056 | Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength, Lightweight, Or Ultralightweight Wheelchair | Wheelchair Accessory |
| K0056 RR | Seat Height Less Than 17 Or Equal To Or Greater Than 21 For A High Strength, Lightweight, Or Ultralightweight Wheelchair | Wheelchair Accessory |
| E2300 | Power Wheelchair Accessory, Power Seat Elevation System | Wheelchair Accessory |
| E2300 RR | Power Wheelchair Accessory, Power Seat Elevation System | Wheelchair Accessory |
| E2301 | Power Wheelchair Accessory, Power Standing System | Wheelchair Accessory |
| E2301 RR | Power Wheelchair Accessory, Power Standing System | Wheelchair Accessory |
| E2310 | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2310 RR | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And One Power Seating System Motor, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2311 | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2311 RR | Power Wheelchair Accessory, Electronic Connection Between Wheelchair Controller And Two Or More Power Seating System Motors, Including All Related Electronics, Indicator Feature, Mechanical Function Selection Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2321 | Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2321 RR | Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2322 | Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Wheelchair Accessory |

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| E2322 RR | Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2323 | Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated | Wheelchair Accessory |
| E2323 RR | Power Wheelchair Accessory, Specialty Joystick Handle For Hand Control Interface, Prefabricated | Wheelchair Accessory |
| E2324 | Power Wheelchair Accessory, Chin Cup For Chin Control Interface | Wheelchair Accessory |
| E2324 RR | Power Wheelchair Accessory, Chin Cup For Chin Control Interface | Wheelchair Accessory |
| E2327 | Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2327 RR | Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2328 | Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Wheelchair Accessory |
| E2328 RR | Power Wheelchair Accessory, Head Control Or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Wheelchair Accessory |
| E2329 | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2329 RR | Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2330 | Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2330 RR | Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware | Wheelchair Accessory |
| E2331 | Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Wheelchair Accessory |
| E2331 RR | Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Wheelchair Accessory |
| E2351 | Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface | Wheelchair Accessory |
| E2351 RR | Power Wheelchair Accessory, Electronic Interface To Operate Speech Generating Device Using Power Wheelchair Control Interface | Wheelchair Accessory |
| E2373 | Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional, Compact, Or Short Throw Remote Joystick Or Touchpad, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Wheelchair Accessory |
| E2373 RR | Power Wheelchair Accessory, Hand Or Chin Control Interface, Mini-Proportional, Compact, Or Short Throw Remote Joystick Or Touchpad, Proportional, Including All Related Electronics And Fixed Mounting Hardware | Wheelchair Accessory |
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| E2374 | Power Wheelchair Accessory, Hand Or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics And Fixed Mounting Hardware, Replacement Only | Wheelchair Accessory |
| E2375 | Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only | Wheelchair Accessory |
| E2376 | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Replacement Only | Wheelchair Accessory |
| E2377 | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue | Wheelchair Accessory |
| E2377 RR | Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue | Wheelchair Accessory |
| E2399 | Power Wheelchair Accessory, Not Otherwise Classified Interface, Including All Related Electronics And Any Type Mounting Hardware | Wheelchair Accessory |
| E2399 RR | Power Wheelchair Accessory, Not Otherwise Classified Interface, Including All Related Electronics And Any Type Mounting Hardware | Wheelchair Accessory |
| E1014 | Reclining Back, Addition To Pediatric Size Wheelchair | Wheelchair Accessory |
| E1014 RR | Reclining Back, Addition To Pediatric Size Wheelchair | Wheelchair Accessory |
| E2211 | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2211 RR | Manual Wheelchair Accessory, Pneumatic Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2212 | Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2212 RR | Manual Wheelchair Accessory, Tube For Pneumatic Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2213 | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each | Wheelchair Accessory |
| E2213 RR | Manual Wheelchair Accessory, Insert For Pneumatic Propulsion Tire (Removable), Any Type, Any Size, Each | Wheelchair Accessory |
| E2214 | Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2214 RR | Manual Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2215 | Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2215 RR | Manual Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2216 | Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2216 RR | Manual Wheelchair Accessory, Foam Filled Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2217 | Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2217 RR | Manual Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2218 | Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2218 RR | Manual Wheelchair Accessory, Foam Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2219 | Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2219 RR | Manual Wheelchair Accessory, Foam Caster Tire, Any Size, Each | Wheelchair Accessory |
| E2220 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2220 RR | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Propulsion Tire, Any Size, Each | Wheelchair Accessory |
| E2221 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Each | Wheelchair Accessory |
| E2221 RR | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Each | Wheelchair Accessory |

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| E2222 | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each | Wheelchair Accessory |
| E2222 RR | Manual Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Each | Wheelchair Accessory |
| E2223 | Manual Wheelchair Accessory, Valve, Any Type, Replacement Only, Each | Wheelchair Accessory |
| E2224 | Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each | Wheelchair Accessory |
| E2224 RR | Manual Wheelchair Accessory, Propulsion Wheel Excludes Tire, Any Size, Each | Wheelchair Accessory |
| E2225 | Manual Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2226 | Manual Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2381 | Power Wheelchair Accessory, Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2382 | Power Wheelchair Accessory, Tube For Pneumatic Drive Wheel Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2383 | Power Wheelchair Accessory, Insert For Pneumatic Drive Wheel Tire (Removable), Any Type, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2384 | Power Wheelchair Accessory, Pneumatic Caster Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2385 | Power Wheelchair Accessory, Tube For Pneumatic Caster Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2386 | Power Wheelchair Accessory, Foam Filled Drive Wheel Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2387 | Power Wheelchair Accessory, Foam Filled Caster Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2388 | Power Wheelchair Accessory, Foam Drive Wheel Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2389 | Power Wheelchair Accessory, Foam Caster Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2390 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Drive Wheel Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2391 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire (Removable), Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2392 | Power Wheelchair Accessory, Solid (Rubber/Plastic) Caster Tire With Integrated Wheel, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2393 | Power Wheelchair Accessory, Valve For Pneumatic Tire Tube, Any Type, Replacement Only, Each | Wheelchair Accessory |
| E2394 | Power Wheelchair Accessory, Drive Wheel Excludes Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2395 | Power Wheelchair Accessory, Caster Wheel Excludes Tire, Any Size, Replacement Only, Each | Wheelchair Accessory |
| E2396 | Power Wheelchair Accessory, Caster Fork, Any Size, Replacement Only, Each | Wheelchair Accessory |
| K0065 | Spoke Protectors, Each | Wheelchair Accessory |
| K0065 RR | Spoke Protectors, Each | Wheelchair Accessory |
| K0069 | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each | Wheelchair Accessory |
| K0069 RR | Rear Wheel Assembly, Complete, With Solid Tire, Spokes Or Molded, Each | Wheelchair Accessory |
| K0070 | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each | Wheelchair Accessory |
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| K0070 RR | Rear Wheel Assembly, Complete, With Pneumatic Tire, Spokes Or Molded, Each | Wheelchair Accessory |
| K0071 | Front Caster Assembly, Complete, With Pneumatic Tire, Each | Wheelchair Accessory |
| K0071 RR | Front Caster Assembly, Complete, With Pneumatic Tire, Each | Wheelchair Accessory |
| K0072 | Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each | Wheelchair Accessory |
| K0072 RR | Front Caster Assembly, Complete, With Semi-Pneumatic Tire, Each | Wheelchair Accessory |
| K0073 | Caster Pin Lock, Each | Wheelchair Accessory |
| K0073 RR | Caster Pin Lock, Each | Wheelchair Accessory |
| K0077 | Front Caster Assembly, Complete, With Solid Tire, Each | Wheelchair Accessory |
| K0077 RR | Front Caster Assembly, Complete, With Solid Tire, Each | Wheelchair Accessory |
| E2206 | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each | Wheelchair Accessory |
| E2206 RR | Manual Wheelchair Accessory, Wheel Lock Assembly, Complete, Each | Wheelchair Accessory |
| E1015 | Shock Absorber For Manual Wheelchair, Each | Wheelchair Accessory |
| E1015 RR | Shock Absorber For Manual Wheelchair, Each | Wheelchair Accessory |
| E1016 | Shock Absorber For Power Wheelchair, Each | Wheelchair Accessory |
| E1016 RR | Shock Absorber For Power Wheelchair, Each | Wheelchair Accessory |
| E1017 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each | Wheelchair Accessory |
| E1017 RR | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wheelchair, Each | Wheelchair Accessory |
| E1018 | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each | Wheelchair Accessory |
| E1018 RR | Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Wheelchair, Each | Wheelchair Accessory |
| E1028 | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory | Wheelchair Accessory |
| E1028 RR | Wheelchair Accessory, Manual Swingaway, Retractable Or Removable Mounting Hardware For Joystick, Other Control Interface Or Positioning Accessory | Wheelchair Accessory |
| E0983 | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Joystick Control | Wheelchair Accessory |
| E0984 | Manual Wheelchair Accessory, Power Add-On To Convert Manual Wheelchair To Motorized Wheelchair, Tiller Control | Wheelchair Accessory |
| E0985 | Wheelchair Accessory, Seat Lift Mechanism | Wheelchair Accessory |
| E0985 RR | Wheelchair Accessory, Seat Lift Mechanism | Wheelchair Accessory |
| E0986 | Manual Wheelchair Accessory, Push Activated Power Assist, Each | Wheelchair Accessory |
| E0986 RR | Manual Wheelchair Accessory, Push Activated Power Assist, Each | Wheelchair Accessory |
| E1011 | Modification To Pediatric Size Wheelchair, Width Adjustment Package(Not To Be Dispensed With Initial Chair) | Wheelchair Accessory |
| E2205 | Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement Only, Each | Wheelchair Accessory |
| E2205 RR | Manual Wheelchair Accessory, Handrim Without Projections, Any Type, Replacement Only, Each | Wheelchair Accessory |
| E2207 | Wheelchair Accessory, Crutch And Cane Holder, Each | Wheelchair Accessory |
| E2207 RR | Wheelchair Accessory, Crutch And Cane Holder, Each | Wheelchair Accessory |
| E2210 | Wheelchair Accessory, Bearings, Any Type, Replacement Only, Each | Wheelchair Accessory |
| K0105 | Iv Hanger, Each | Wheelchair Accessory |
| K0105 RR | Iv Hanger, Each | Wheelchair Accessory |
| E2368 | Power Wheelchair Component, Motor, Replacement Only | Wheelchair Accessory |
| E2369 | Power Wheelchair Component, Gear Box, Replacement Only | Wheelchair Accessory |
| E2370 | Power Wheelchair Component, Motor And Gear Box Combination, Replacement Only | Wheelchair Accessory |
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|----------|---|----------------------|
| E2371 | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each | Wheelchair Accessory |
| E2371 RR | Power Wheelchair Accessory, Group 27 Sealed Lead Acid Battery, (E.G. Gel Cell, Absorbed Glassmat), Each | Wheelchair Accessory |
| E2372 | Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each | Wheelchair Accessory |
| E2372 RR | Power Wheelchair Accessory, Group 27 Non-Sealed Lead Acid Battery, Each | Wheelchair Accessory |
| K0733 | Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Wheelchair Accessory |
| K0733 RR | Power Wheelchair Accessory, 12 To 24 Amp Hour Sealed Lead Acid Battery, Each (E.G. Gel Cell, Absorbed Glassmat) | Wheelchair Accessory |
| E1100 | Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | Wheelchair Accessory |
| E1100 RR | Semi-Reclining Wheelchair, Fixed Full Length Arms, Swing Away Detachable Elevating Leg Rests | Wheelchair Accessory |
| E1161 | Manual Adult Size Wheelchair, Includes Tilt In Space | Wheelchair |
| E1161 RR | Manual Adult Size Wheelchair, Includes Tilt In Space | Wheelchair |
| K0002 | Standard Hemi (Low Seat) Wheelchair | Wheelchair |
| K0002 RR | Standard Hemi (Low Seat) Wheelchair | Wheelchair |
| K0006 | Heavy-Duty Wheelchair | Wheelchair |
| K0006 RR | Heavy-Duty Wheelchair | Wheelchair |
| K0007 | Extra Heavy-Duty Wheelchair | Wheelchair |
| K0007 RR | Extra Heavy-Duty Wheelchair | Wheelchair |
| E1235 | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System | Wheelchair |
| E1235 RR | Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System | Wheelchair |
| E1236 | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System | Wheelchair |
| E1236 RR | Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System | Wheelchair |
| E1237 | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | Wheelchair |
| E1237 RR | Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System | Wheelchair |
| E1238 | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System | Wheelchair |
| E1238 RR | Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System | Wheelchair |
| K0003 | Lightweight Wheelchair | Wheelchair |
| K0003 RR | Lightweight Wheelchair | Wheelchair |
| K0001 | Standard Wheelchair | Wheelchair |
| K0001 RR | Standard Wheelchair | Wheelchair |
| K0004 | High Strength Wheelchair | Wheelchair |
| K0004 RR | High Strength Wheelchair | Wheelchair |
| K0005 | Ultralightweight Wheelchair | Wheelchair |
| K0005 RR | Ultralightweight Wheelchair | Wheelchair |
| K0009 | Other Manual Wheelchair/Base | Wheelchair |
| K0009 RR | Other Manual Wheelchair/Base | Wheelchair |
| K0800 | Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0800 RR | Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0801 | Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds | Wheelchair |
| K0801 RR | Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds | Wheelchair |
| K0802 | Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pound | Wheelchair |
| K0802 RR | Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pound | Wheelchair |

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| K0813 | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0813 RR | Power Wheelchair, Group 1 Standard, Portable, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0814 | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0814 RR | Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0815 | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0815 RR | Power Wheelchair, Group 1 Standard, Sling/Solid Seat And Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0816 | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0816 RR | Power Wheelchair, Group 1 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0806 | Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0806 RR | Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0807 | Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0807 RR | Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0808 | Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0808 RR | Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0820 | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0820 RR | Power Wheelchair, Group 2 Standard, Portable, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0821 | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0821 RR | Power Wheelchair, Group 2 Standard, Portable, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0822 | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0822 RR | Power Wheelchair, Group 2 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0823 | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0823 RR | Power Wheelchair, Group 2 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0824 | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0824 RR | Power Wheelchair, Group 2 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0825 | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0825 RR | Power Wheelchair, Group 2 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0826 | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
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| K0826 RR | Power Wheelchair, Group 2 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0827 | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0827 RR | Power Wheelchair, Group 2 Very Heavy Duty, Captains Chair, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0828 | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0828 RR | Power Wheelchair, Group 2 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0829 | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0829 RR | Power Wheelchair, Group 2 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0830 | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0830 RR | Power Wheelchair, Group 2 Standard, Seat Elevator, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0831 | Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0831 RR | Power Wheelchair, Group 2 Standard, Seat Elevator, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0835 | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0835 RR | Power Wheelchair, Group 2 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0836 | Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0836 RR | Power Wheelchair, Group 2 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0837 | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0837 RR | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0838 | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0838 RR | Power Wheelchair, Group 2 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0839 | Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0839 RR | Power Wheelchair, Group 2 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0840 | Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0840 RR | Power Wheelchair, Group 2 Extra Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0841 | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0841 RR | Power Wheelchair, Group 2 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0842 | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
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| K0842 RR | Power Wheelchair, Group 2 Standard, Multiple Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0843 | Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0843 RR | Power Wheelchair, Group 2 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0848 | Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0848 RR | Power Wheelchair, Group 3 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0849 | Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0849 RR | Power Wheelchair, Group 3 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0850 | Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0850 RR | Power Wheelchair, Group 3 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0851 | Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0851 RR | Power Wheelchair, Group 3 Heavy Duty, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0852 | Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0852 RR | Power Wheelchair, Group 3 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0853 | Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds | Wheelchair |
| K0853 RR | Power Wheelchair, Group 3 Very Heavy Duty, Captains Chair, Patient Weight Capacity, 451 To 600 Pounds | Wheelchair |
| K0854 | Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0854 RR | Power Wheelchair, Group 3 Extra Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0855 | Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0855 RR | Power Wheelchair, Group 3 Extra Heavy Duty, Captains Chair, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0856 | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0856 RR | Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0857 | Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0857 RR | Power Wheelchair, Group 3 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0858 | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0858 RR | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0859 | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0859 RR | Power Wheelchair, Group 3 Heavy Duty, Single Power Option, Captains Chair, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
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| K0860 | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0860 RR | Power Wheelchair, Group 3 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0861 | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0861 RR | Power Wheelchair, Group 3 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0862 | Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0862 RR | Power Wheelchair, Group 3 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0863 | Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0863 RR | Power Wheelchair, Group 3 Very Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0864 | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0864 RR | Power Wheelchair, Group 3 Extra Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 601 Pounds Or More | Wheelchair |
| K0868 | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0868 RR | Power Wheelchair, Group 4 Standard, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0869 | Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0869 RR | Power Wheelchair, Group 4 Standard, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0870 | Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0870 RR | Power Wheelchair, Group 4 Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0871 | Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0871 RR | Power Wheelchair, Group 4 Very Heavy Duty, Sling/Solid Seat/Back, Patient Weight Capacity 451 To 600 Pounds | Wheelchair |
| K0877 | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0877 RR | Power Wheelchair, Group 4 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0878 | Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0878 RR | Power Wheelchair, Group 4 Standard, Single Power Option, Captains Chair, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0879 | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0879 RR | Power Wheelchair, Group 4 Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0880 | Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds | Wheelchair |
| K0880 RR | Power Wheelchair, Group 4 Very Heavy Duty, Single Power Option, Sling/Solid Seat/Back, Patient Weight 451 To 600 Pounds | Wheelchair |
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| K0884 | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0884 RR | Power Wheelchair, Group 4 Standard, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0885 | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0885 RR | Power Wheelchair, Group 4 Standard, Multiple Power Option, Captains Chair, Weight Capacity Up To And Including 300 Pounds | Wheelchair |
| K0886 | Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0886 RR | Power Wheelchair, Group 4 Heavy Duty, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity 301 To 450 Pounds | Wheelchair |
| K0890 | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Wheelchair |
| K0890 RR | Power Wheelchair, Group 5 Pediatric, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Wheelchair |
| K0891 | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Wheelchair |
| K0891 RR | Power Wheelchair, Group 5 Pediatric, Multiple Power Option, Sling/Solid Seat/Back, Patient Weight Capacity Up To And Including 125 Pounds | Wheelchair |
| E0731 | Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from patient's skin by layers of fabric) | Dry Heat |

The following codes have been added to the Appendix B with an effective date retroactive to 07/01/2006.

| | | |
|--------------|--|-----------------|
| B4157 | Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | Enteral section |
| B4158 | Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron | Enteral section |
| B4159 | Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron | Enteral section |
| B4160 | Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | Enteral section |
| B4161 | Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, include fats, carbohydrates, vitamins and minerals, may include fiber | Enteral section |
| B4162 | Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | Enteral section |
| B9998 | NOC for enteral supplies | Enteral section |
| B4104 | Additive for enteral formula | Enteral section |
| B4149 | Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber This code is for EPSDT use only. | Enteral section |

CHANGES TO THE LONG DESCRIPTION

The following HCPCS codes have had changes to the long description, effective August 1, 2007.

| Code | Short Description | Comment |
|-------------|--|----------------------|
| A4216 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml | Ostomy/Colostomy |
| A4394 | Ostomy deodorant, with or without lubricant, for use in Ostomy pouch, per fluid ounce | Ostomy/Colostomy |
| A4558 | Conductive gel or paste, for use with electrical device (E.G., TENS, NMES) per oz | Dry Heat |
| E2366 | Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each , Replacement only | Wheelchair Accessory |
| E2366 RR | Power Wheel Chair Accessory, Battery Charger, Single Mode, For Use With Only One Battery Type, Sealed Or Non-Sealed, Each , Replacement only | Wheelchair Accessory |
| E2367 | Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each, Replacement only | Wheelchair Accessory |
| E2367 RR | Power Wheel Chair Accessory, Battery Charger, Dual Mode, For Use With Either Battery Type, Sealed Or Non-Sealed, Each, Replacement only | Wheelchair Accessory |
| E0967 | Manual Wheelchair Accessory, Hand Rim With Projections, any type, each | Wheelchair Accessory |
| E0967 RR | Manual Wheelchair Accessory, Hand Rim With Projections, any type, each | Wheelchair Accessory |

CHANGES TO THE BILLING UNIT COLUMN OF THE APPENDIX B

The following HCPCS code has a change to the Billing Unit column information changed in the Appendix B.

| Code | Short Description | Comment |
|-------------|--|----------------------|
| E1010 | Wheelchair Accessory, Addition To Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair | Wheelchair Accessory |

CHANGES TO THE FEE COLUMN OF THE APPENDIX B FOR THE ENTERAL SECTION

The following codes have changes to the fee schedule amount effective 3/1/07.

| Code | Short Description | Comment |
|-------------|--|------------------|
| B4150 | Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | P-\$ 0.70 |
| B4152 | Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber | P-\$ 0.58 |
| B4153 | Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber | P-\$ 1.99 |
| B4154 | Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber | P-\$ 1.27 |

| | | |
|----------|--|---------------------|
| B4155 | Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g. glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination | P-\$0.99 |
| B9000 | Enteral nutrition infusion pump – without alarm | P-\$ 1278.99 |
| B9000 RR | Enteral nutrition infusion pump – without alarm | R-\$ 3.79 |
| B9002 | Enteral Nutrition Infusion Pump W/ Alarm | P-\$ 1278.99 |
| B9002 RR | Enteral Nutrition Infusion Pump W/ Alarm | R-\$ 4.00 |
| B4034 | Enteral feeding supply kit; syringe | P-\$ 6.38 |
| B4035 | Enteral feeding supply kit; pump fed | P-\$12.16 |
| B4036 | Enteral feeding supply kit; gravity fed | P-\$ 8.34 |
| B4081 | Nasogastric tubing with stylet | P-\$22.55 |
| B4082 | Nasogastric tubing without stylet | P-\$ 16.78 |
| B4083 | Stomach tube – Levine type | P-\$ 2.57 |
| B4086 | Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each | P-\$ 37.22 |

COMMUNICATION TO DME PROVIDERS

DMAS has designed an email address specifically for providers to email questions about DME to DMAS (dme@dmavirginia.gov). These questions should pertain to policies, codes, or rates and should not pertain to preauthorizations, as these questions should continue to be directed to the preauthorization contractor, KePRO. See Appendix D of the Medicaid Durable Medical Equipment and Supplies Manual for more information regarding preauthorization.

To subscribe to this email address, send an email to dme@dmavirginia.gov. On the subject line of the e-mail form, type, “subscribe” (without the quotes). This is an automated system. If you put anything else on the subject line, you will not be added to the list. Please include “recipient”, “provider”, or “other”, which ever best describes you, in the body of your e-mail. To unsubscribe, send an email to DMAS dme@dmavirginia.gov. On the subject line of the email form, type, “unsubscribe” (without the quotes).

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except State holidays, to answer questions. The “HELPLINE” numbers are:

| | |
|----------------|-----------------|
| 804-786-6273 | Richmond area |
| 1-800-552-8627 | All other areas |

Please remember that the “HELPLINE” is for provider use only.

Attached Number of Pages: (2)

DURABLE MEDICAL EQUIPMENT AND SUPPLIES MANUAL
REVISION CHART
August 30, 2007

SUMMARY OF REVISIONS

| MANUAL SECTION | MATERIAL REVISED | NEW PAGE NUMBER(S) | REVISED PAGE(S) | REVISION DATE |
|-----------------------|--|---------------------------|------------------------|----------------------|
| Appendix B | Wheelchair Section | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Dry Heat Application | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Diabetic Products | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Ostomy and Colostomy Pouches and Accessory Supplies | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Feeding Pumps, Nutritional Supplements, Feeding Kits and Tubes Section | Entire Section | Entire Section | 8/30/07 |
| Appendix B | NEW SECTION – EPSDT Only | Entire Section | New Section | 8/30/07 |
| Appendix B | Elastic Support Items | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Dialysis | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Decubitus and Ulcer Products | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Communication Devices | Entire Section | Entire Section | 8/30/07 |
| Appendix B | Burn Garments | Entire Section | Entire Section | 8/30/07 |

FILING INSTRUCTIONS

| MANUAL SECTION | DISCARD | INSERT | OTHER INSTRUCTIONS |
|-----------------------|----------------------------------|--------------------|---------------------------|
| Appendix B | Old Wheelchair Section | Entire New Section | |
| Appendix B | Old Dry Heat Application Section | Entire New Section | |
| Appendix B | Old Diabetic Products Section | Entire New Section | |

| | | | |
|------------|--|--------------------------|-------------|
| Appendix B | Old Ostomy and Colostomy Pouches and Accessory Supplies Section | Entire New Section | |
| Appendix B | Old Feeding Pumps, Nutritional Supplements, Feeding Kits and Tubes Section | Entire New Section | |
| Appendix B | | NEW SECTION – EPSDT Only | New Section |
| Appendix B | Old Elastic Support Items Section | Entire New Section | |
| Appendix B | Old Dialysis Section | Entire New Section | |
| Appendix B | Old Decubitus and Ulcer Products Section | Entire New Section | |
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| Appendix B | Old Burn Garments Section | Entire New Section | |